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CONFIRMATION NO. 5218

|  |   |                                    |   |   |                                |
|--|---|------------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/508,938   | <b>FILING OR 371(c) DATE</b><br>09/27/2004<br><b>RULE</b>   | <b>CLASS</b><br>123                | <b>GROUP ART UNIT</b><br>3748   | <b>ATTORNEY DOCKET NO.</b><br>R.41894-1 |                                |
| <b>APPLICANTS</b><br>Wilhelm Christ, Ludwigsburg, GERMANY;<br>Bernd Dittus, Tamm, GERMANY;<br>Friedrich Boecking, Stuttgart, GERMANY;<br><b>** CONTINUING DATA *****</b> <i>YES NO 11/30/05</i><br>This application is a 371 of PCT/DE03/01579 05/15/2003<br><b>** FOREIGN APPLICATIONS *****</b> <i>YES NO 11/30/05</i><br>GERMANY 102 22 209.6 05/18/2002<br>GERMANY 103 18 989.0 04/25/2003 |   |                                    |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>NO 11/30/05</i><br>Examiner's Signature _____ Initials _____  |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>14               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>2119   |   |                                    |   |   |                                |
| <b>TITLE</b><br>Fuel injection valve for internal combustion engines   |   |                                    |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>920  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |